

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
MEDICAL MARIJUANA REGISTRY
4150 Technology Way Suite 106
Carson City, NV 89706
(775) 687-7594 Fax (775) 684-3213

MEDICAL MARIJUANA REGISTRY CHANGE OF ADDRESS

Date: _____

_____ Cardholder

_____ Caregiver

Name: _____

Phone Number: _____

Old Physical Address:

Old Mailing Address: (if different than Physical Address)

New Physical Address:

Old Mailing Address: (if different than Physical Address)

Names of other adults living in the new household:

Additional Comments:

Cardholder signature: _____

Please fax or mail this completed form with a copy of your **Nevada Driver's License or Nevada Identification Card** to:

Division of Public and Behavioral Health
Attn: MMR
4150 Technology Way, Suite 106
Carson City, NV 89706

Public Health: Working for a Safer and Healthier Nevada